

To be completed by State Office – Date Received: \_\_\_\_\_

**Grant Application Signature Page**  
**State of Kansas Department of Health and Environment**

**Grant Period: July 1, 2015 – June 30, 2016**

1000 SW Jackson, Suite 340  
Topeka, Kansas 66612-1365

This form, complete with signatures, is required for all grant applications to be considered complete.  
Upload to Catalyst as an attachment on the Organization Summary Page.  
All applications due March 16, 2015.

Applicant: (Name of Agency) Family Life Services

Street Address/PO Box 305 S. Summit

City Arkansas City Zip Code 67005

Name of Director

Tim Durham

Primary Contact

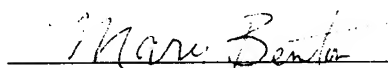
Tim Durham

Telephone of Primary Contact

620-441-1082

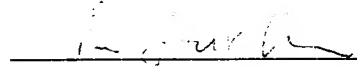
Child Care Licensing Program	
Chronic Disease Risk Reduction	
Community-Based Primary Care Clinic Grant	
Disease Intervention	
Family Planning	
Healthy Family Services	
HIV Prevention Program – Community	
HIV Prevention Program – Opt Out	
Immunization Action Plan	
Maternal & Child Health	
Pregnancy Maintenance Initiative (PMI)	68,294.00
PREP	
Public Health Emergency Preparedness	
Ryan White	
State Formula	
Teen Pregnancy Targeted Case Management	
WIC/ICP Collaborative	
<b>Total Funds Requested:</b>	

**Signatures:**



President/Chairman Local Board of Health or Board of Directors

Date: 3/13/15



Administrator/Director

Date: 3/13/15